



15 בספטמבר, 2014

הורים\ אפוטרופסים יקרים,

מחלקת שירותי הבריאות שמחה להציעה את חיסון השפעת לכל תלמידי ניוטון מהגן ועד כיתה יב'.

זריקת השפעת ותרסיס חיסון השפעת יינתנו במהלך יום הלימודים ללא תשלום למשפחות. תכנית חיסון השפעת ניתנת בחינם גם השנה מאחר שמחלקת שירותי הבריאות הציבוריים של מסצ'וסטס מספקת את החיסון לתלמידים. אנו מבקשים מידע לגבי הביטוח על מנת לאפשר החזרים של העלויות לעירייה.

מרפאות יוקמו בכל בית ספר ממלכתי בניוטון מסוף אוקטובר ועד אמצע נובמבר. תאריכים ספציפיים יוכרזו בכל בית ספר ויירשמו באינטרנט באתר: www.newtonma.gov/flu

על מנת לרשום את ילדכם לחיסון יש לשלוח את שני טפסים הר"מ לאחות בית הספר לא יאחר מאשר 2 ימי לימוד לפני תאריך מתן החיסון בבית הספר של ילדכם.

1. טופס אישור\ בדיקה

2. פנקס חיסונים\ טופס מידע על ביטוח

הטפסים נמצאים באינטרנט באתר www.newtonma.gov/flu או אצל אחות בית הספר. תלמידים אשר אינם רשומים לא יוכלו להתחסן.

טופס הסכמה\ בדיקה דורש מההורים לבחור בזריקה או בתרסיס. מידע לגבי סוג החיסון לרבות הסיכונים ותועלת מתואר בהצהרת מידע חיסוני המופיע ב: www.newtonma.gov/flu לאחיות בית הספר יש מידע והן יכולות לענות על כל שאלה.

גם זריקת החיסון וגם התרסיס מספקים הגנה מפני ארבעה זנים של שפעת. המרכז לבקרה על מחלות ולמניעתן (CDC) ממליץ להתחסן לכל אדם מעל גיל 6 חודשים. לראשונה, המרכז לבקרה על מחלות ומניעתן מפרסם העדפה לחיסון בצורת תרסיס עבור ילדים בריאים בגילאי 2-8, במקרים שניתן לספק את שני סוגי החיסון.

השנה, בהתאם לחוק במדינת מסצ'וסטס, אנו נדווח על החיסונים שניתנו בתכנית שלנו באמצעות מערכת ממוחשבת לרישום חיסונים (Massachusetts Immunization System MIIS). המערכת מאפשרת לחלוק את המידע עם רופאי המשפחה, אחיות בית ספר, משרד הבריאות המקומי וסוכנויות ממשלתיות הקשורות לענייני חיסון. באפשרותכם לסרב לחלוקת המידע במערכת בין הגופים השונים. למידע נוסף, ניתן לפנות לרופא המשפחה, ניתן למצוא מידע באתר האינטרנט של MIIS: www.mass.gov/dph/miis או ליצור קשר ישירות עם התכנית לחיסונים במסצ'וסטס בטלפונים: 800—617-983 או 888-658-2850. ניתן למצוא טפסי ויתור באתר: www.newtonma.gov/flu יש להעביר טפסי ויתור לאחות בית הספר.

כל שנה ילדים נמצאים בסיכון לפתח מחלות קשות יותר בשל השפעת. חיסון זה הוא דרך בה ניתן להגן על הילדים ממחלת השפעת. אנו מקווים כי תעשו שימוש בתוכנית מונעת זו. בברכה,

Ruth Hoshino
מפקחת אחיות בתי הספר

David Fleishman
מפקח בתי הספר

מחלקת בריאות ושירותי אנוש

לינדה וולש - נציבה

1000 Commonwealth Ave Newton, MA 02459

טלפון : 617.796.1420 פקס: 617.552.7063 TTY/TDD 617.796.7089

טופס אישור ובדיקה לחיסון השפעת לתלמיד לשנת 2014-2015

Student Flu Vaccine Consent and Screening Form 2013-2014

שם משפחה של הילד Child's last name:	שם פרטי של הילד Child's first name:	תאריך לידה: Date of Birth	גיל: Age:	מין: Gender זכר (M) - נקבה (F) נא להקיף בעיגול
טלפון הורה/אפוטרופוס בשעות היום: Parent/Guardian Daytime phone:	שם פרטי הורה/אפוטרופוס Parent/Guardian first name:	שם משפחה הורה/אפוטרופוס Parent/Guardian last name:		
שם בית הספר : School Name	שם המורה (לכיתות גן-ה)/שם קבוצה(כיתות ו-ח)/לא למלא לתלמידי תיכון : Name of Teacher		כיתה: Grade	

Select either flu shot or nasal spray.

יש לבחור זריקת חיסון או תרסיס לאף.

- Answer the screening questions only for that type of vaccine.

- יש לענות רק עבור סוג החיסון שבחרתם.

- Sign below those screening questions.

- יש לחתום בתחתית סעיף השאלות.

- A "YES" to any question (except #12) indicates your child cannot receive that type of vaccine. If you are not sure of the answers to these questions, contact your child's health care provider.

- תשובה חיובית לאחת מהשאלות (מלבד שאלה מספר 12) משמעותה שהילד לא יכול לקבל את הסוג הזה של החיסון. במקרה של ספק בנוגע לתשובות יש ליצור קשר עם רופא הילדים של ילדכם.

Check **ONE** box below for the vaccine you want your child to receive.

סמן את בחירתך:

<input type="checkbox"/> NASAL SPRAY OR או תרסיס לאף			<input type="checkbox"/> FLU SHOT זריקה		
	כן YES	לא NO		כן YES	לא NO
1. האם לילדך יש אלרגיה לביצים? 1. Does your child have problems eating eggs?			1. האם לילדך יש אלרגיה לביצים? 1. Does your child have problems eating eggs?		
2. האם לילדך ישנה אלרגיה חמורה לג'לטין ונלוויין? 2. Does your child have any allergy to gentamicin, neomycin, polymixin or gelatin?			2. האם לילדך ישנה אלרגיה חמורה לג'לטין ונלוויין? 2. Does your child have any allergy to gentamicin, neomycin, polymixin or gelatin?		
3. האם לילדך היתה אי פעם תגובה קשה לחיסון השפעת? 3. Has your child ever had a serious reaction to a previous dose of flu vaccine?			3. האם לילדך היתה אי פעם תגובה קשה לחיסון השפעת? 3. Has your child ever had a serious reaction to a previous dose of flu vaccine?		
4. האם לילדת יש אסטמה, סכרת (או כל מחלה מטבולית), מחלת ריאות, לב, כליות, כבד, עצבים או דם? 4. Does your child have asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidney, liver, nerves or blood?			4. האם ילדך סבל מתסמונת גיליאן בר (מחלה הקשורה ברפיון שרירים) בתקופה של 6 חודשים לאחר חיסון לשפעת? 4. Has your child ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		
5. אם ילדך למטה מגיל 5, האם הרופא המטפל אמר לך שלילדך יש אסטמה או צפזפים במהלך 12 החודשים האחרונים? 5. If your child is younger than 5 years old, has a health care provider told you that your child had wheezing or asthma within the last 12 months?			קראתי את הצהרת מידע על חיסון לשנת 2013-2014 לגבי חיסון השפעת המוזרקת ומבין את הסיכונים ואת היתרונות. בזאת אני נותן אישור לילדי להתחסן בחיסון זה. I have read the 2013-2014 Vaccine Information Statement for the flu shot and understand the risks and benefits. I GIVE CONSENT for my child to get vaccinated with this vaccine.		
6. האם לילדך יש מערכת חיסון חלשה (למשל HIV, סרטן, נוטל תרופות כגון סטרואידים המטפלות המחלת הסרטן) 6. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those to treat cancer?)			<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> תאריך Date </div> <div style="text-align: center;"> חתימת הורה / אפוטרופוס Parent/Guardian signature </div> </div>		

<input type="checkbox"/> NASAL SPRAY או OR תרסיס לאף		<input type="checkbox"/> FLU SHOT זריקה	
	לא NO	כן YES	
7. האם ילדך נוטל תרופות אנטי ויראליות? 7. Is your child taking antiviral medications?			
8. האם ילדך בטיפול אספרין לטווח ארוך (האם ילדך נוטל אספרין כל יום) Is your child on long-term aspirin-containing therapy (for example, does your child take aspirin every day)?			
9. האם ילדתך בהריון? 9. Is your child pregnant?			
10. האם ילדך סבל מתסמונת גיליאן בר (מחלה הקשורה ברפיון שרירים זמני) בתקופה של 6 שבועות לאחר חיסון לשפעת? 10. Has your child ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?			
11. האם לילדך יש מגע עם אדם הצריך טיפול בסביבה מוגנת (למשל אדם שעבר השתלת מח עצמות) 11. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?			
12. האם ילדך קיבל חיסון אחר (לא רק שפעת) ב-30 יום האחרונים: שם החיסון : תאריך : 12. Has your child received any other vaccinations (not just the flu) in the past 30 days?			
קראתי את הצהרת מידע על חיסון לשנת 2014-2015 לגבי תרסיס האף לחיסון השפעת ומבין את הסיכונים ואת היתרונות. בזאת אני נותן אישור לילדי להתחסן בחיסון זה. I have read the 2013-2014 Vaccine Information Statement for			

<input type="checkbox"/> NASAL SPRAY תרסיס לאף OR או		<input type="checkbox"/> FLU SHOT זריקה	
	כן YES	לא NO	
the nasal spray and understand the risks and benefits. I GIVE CONSENT for my child to get vaccinated with this vaccine.			
_____ חתימת הורה/אפוטרופוס Parent/Guardian signature		_____ תאריך Date	

For all children 6 months

through 8 years old:

Children in this age group should receive 2 doses of the 2014-2015 seasonal influenza vaccine at least 4 weeks apart unless they received:

- At least 1 dose of 2013-14 seasonal influenza vaccine

OR

- At least 2 seasonal influenza vaccines during any previous season, and at least 1 dose of a 2009(H1N1)-containing vaccine

Contact the child's primary health care provider

to receive a second dose, or visit

www.newtonma.gov/flu

for additional clinics.

ילדים מגיל 6 חודשים ועד 8 שנים :

ילדים בגילאים אלו יקבלו 2 מנות של חיסון נגד שפעת שנת 2014-2015 במרווח של 4 שבועות לפחות אלא אם קיבלו:

- לפחות מנה אחת של חיסון השפעת העונתי של 2013-14

או

- קיבלו 2 מנות או יותר של החיסון נגד שפעת אי פעם, ולפחות מנה אחת של החיסון של שנת 2009 המכילה את החיסון H1N1

אנא צרו קשר עם הרופא המטפל לקבלת המנה השנייה או בקרו באתר

www.newtonma.gov/flu לקבלת פרטים על מרפאות נוספות

Student 2014-2015 Insurance Information Form & Vaccine Administration Record

טופס מידע ביטוחי לתלמיד ותיעוד מתן חיסונים 2013-2014

Student 2013-2014 Vaccine Administration Record/Insurance Information Form

טופס זה הוא חובה לכל ילד שמתחסן. אם אין בידכם מידע ביטוחי, אנא מלאו עד כמה שאפשר את הטופס בעזרת המידע שבידיכם.

מידע על המתחסן (אנא כתבו בכתב ברור): *איזור מחייב למלא

שם: (פרטי, שם שני, שם משפחה) Name (First, Middle, Last)	תאריך לידה / * DOB שנה יום חודש Year Day Month	גיל * Age	הקף * זכר (M) נקבה (F)
כתובת מגורים: * Address			
עיר: * City	מדינה: * State	מיקוד: * Zip Code	מס. טלפון: * phone number ()

מידע על הביטוח: כללו מספר מנוי וכל אות המופיעה כחלק ממספר זה

שם חברת הביטוח: * Name of insurance co.	מספר זיהוי של המנוי: * Member ID Number	מספר זיהוי קבוצתי (אם קיים) Group ID number
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אם המתחסן אינו המנוי הראשי בחברת הביטוח, אנא מלאו את הפרטים הבאים:

שם המנוי: (שם משפחה, שם פרטי, שם שני) Subscribers name	תאריך לידה של המתחסן: DOB שנה יום חודש Year Day Month	מין – הקף: * זכר M – נקבה F
כתובת מגורים: * (אם שונה מהמציין למעלה) Subscribers address		
עיר: * City	מדינה: * State	מיקוד: * Zip code ()
מס. טלפון: * Phone numbers ()		
קרבת המתחסן למנוי: * הקף	בעל אישה	ילד
Patient relationship to subscriber	Spouse	Child
	אחר	other

ילידים בני 18 ומטה:

<p>זכאי לתכנית לחיסון לילדים VFC</p> <p><input type="checkbox"/> רשום בתכנית סיוע רפואי כלשהי (כולל MassHealth ו- HMO וכדומה, אם הרישום הוא באמצעות Medicaid)</p> <p>Is enrolled in Medicaid (includes MassHealth and HMOs etc. if enrolled through Medicaid)</p> <p><input type="checkbox"/> לא מנוי כלל בחברת ביטוח בריאות.</p> <p>Does not have health insurance</p> <p><input type="checkbox"/> ממוצא אמריקני-אינדיאני או יליד אלסקה.</p> <p>אינו זכאי לתכנית לחיסון לילדים VFC</p> <p><input type="checkbox"/> Is American Indian (Native American) or Alaska Native</p>

הריני מאשר לחייב את חברת הביטוח שלי.

☐

_____ X
תאריך: _____
(חתימה של המתחסן, הורה או אפוטרופוס)

Student 2014-2015 Insurance Information Form & Vaccine Administration Record

טופס מידע ביטוחי לתלמיד ותיעוד מתן חיסונים 2013-2014

לשימוש משרדי\ מנהלי בלבד:

For Clinic/Office Use Only:

Signature of Vaccine Administrator: _____

Date of Service	Vax Type	Vaccine Mfgr	Lot No	Exp Date	Dose (mL)	State Supplied	Preserv Free	Injection Route (Circle)	Injection Site (Circle)	Date On VIS	Date VIS Given
	IIV4				0.5	Yes No	Yes No	IM	R Arm L Arm	8/19/14	9/15/14
	LAIV4	Med-Immune			0.2	Yes No	Yes	Intranasal	NA	8/19/14	9/15/14

Provider Name: Newton Health & Human Services Department MDPH Provider PIN#: 11223
 Provider Address: 1000 Commonwealth Ave. Newton, MA 02459

Influenza Vaccine

What You Need to Know

(Flu Vaccine, Live,
Intranasal)

2014-2015

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions – such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Live, attenuated flu vaccine—LAIV, Nasal Spray

You are getting a **live, attenuated influenza vaccine** (called LAIV), which is sprayed into the nose. “Attenuated” means weakened. The viruses in the vaccine have been weakened so they won’t give you the flu.

There are other “inactivated” and “recombinant” flu vaccines that do not contain live virus. These “flu shots” are given by injection with a needle.

Injectable flu vaccines are described in a separate Vaccine Information Statement.

Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Flu viruses are always changing. Each year’s flu vaccine is made to protect against viruses that are likely to cause disease that year. LAIV protects against 4 different influenza viruses. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts several months to a year.

Some illnesses that are **not** caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

LAIV may be given to people **2 through 49 years of age**. It may safely be given at the same time as other vaccines.

LAIV does not contain thimerosal or other preservatives.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe, life-threatening allergies**, including (for example) an allergy to gelatin or antibiotics. If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you should not get vaccinated.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you have long-term health problems**, such as certain heart, breathing, kidney, liver, or nervous system problems, your doctor can help you decide if you should get LAIV.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

- **If you have gotten any other vaccines in the past 4 weeks, or if you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be advised to wait until you feel better. You should come back when you are better.
- **You should get the flu shot instead of the nasal spray if you:**
 - are pregnant
 - have a weakened immune system
 - are allergic to eggs
 - are a young child with asthma or wheezing problems
 - are a child or adolescent on long-term aspirin therapy
 - will provide care for, or visit someone, within the next 7 days who needs special care for an extremely weakened immune system (ask your health care provider)
 - have taken influenza antiviral medications in the past 48 hours

The person giving you the vaccine can give you more information.

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Problems that could happen after any vaccine:

- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

Mild problems that have been reported following LAIV:

Children and adolescents 2-17 years of age:

- runny nose, nasal congestion or cough
- fever
- headache and muscle aches
- wheezing
- abdominal pain or occasional vomiting or diarrhea

Adults 18-49 years of age:

- runny nose or nasal congestion
- sore throat
- cough, chills, tiredness/weakness
- headache

LAIV is made from weakened virus and **does not cause flu.**

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5

What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7

How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement (Interim) Live Attenuated Influenza Vaccine

08/19/2014

42 U.S.C. § 300aa-26

Office Use Only



Influenza Vaccine

What You Need to Know

(Flu Vaccine,
Inactivated or
Recombinant)
2014-2015

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every winter, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu, but the risk of getting flu is highest among children. Symptoms come on suddenly and may last several days. They can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can make some people much sicker than others. These people include young children, people 65 and older, pregnant women, and people with certain health conditions—such as heart, lung or kidney disease, nervous system disorders, or a weakened immune system. Flu vaccination is especially important for these people, and anyone in close contact with them.

Flu can also lead to pneumonia, and make existing medical conditions worse. It can cause diarrhea and seizures in children.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine is the best protection against flu and its complications. Flu vaccine also helps prevent spreading flu from person to person.

2 Inactivated and recombinant flu vaccines

You are getting an injectable flu vaccine, which is either an **“inactivated”** or **“recombinant”** vaccine. These vaccines do not contain any live influenza virus. They are given by injection with a needle, and often called the “flu shot.”

A different, **live, attenuated** (weakened) influenza vaccine is sprayed into the nostrils. *This vaccine is described in a separate Vaccine Information Statement.*

Flu vaccination is recommended every year. Some children 6 months through 8 years of age might need two doses during one year.

Flu viruses are always changing. Each year’s flu vaccine is made to protect against 3 or 4 viruses that are likely to cause disease that year. Flu vaccine cannot prevent all cases of flu, but it is the best defense against the disease.

It takes about 2 weeks for protection to develop after the vaccination, and protection lasts several months to a year.

Some illnesses that are not caused by influenza virus are often mistaken for flu. Flu vaccine will not prevent these illnesses. It can only prevent influenza.

Some inactivated flu vaccine contains a very small amount of a mercury-based preservative called thimerosal. Studies have shown that thimerosal in vaccines is not harmful, but flu vaccines that do not contain a preservative are available.

3 Some people should not get this vaccine

Tell the person who gives you the vaccine:

- **If you have any severe, life-threatening allergies.** If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, including (for example) an allergy to gelatin, antibiotics, or eggs, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barré Syndrome** (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.** It is usually okay to get flu vaccine when you have a mild illness, but you might be advised to wait until you feel better. You should come back when you are better.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

With a vaccine, like any medicine, there is a chance of side effects. These are usually mild and go away on their own.

Problems that could happen after any vaccine:

- Brief fainting spells can happen after any medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Severe shoulder pain and reduced range of motion in the arm where a shot was given can happen, very rarely, after a vaccination.
- Severe allergic reactions from a vaccine are very rare, estimated at less than 1 in a million doses. If one were to occur, it would usually be within a few minutes to a few hours after the vaccination.

Mild problems following inactivated flu vaccine:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Moderate problems following inactivated flu vaccine:

- Young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Inactivated flu vaccine does not contain live flu virus, so you cannot **get the flu from this vaccine**.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/flu

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Introducing the
Massachusetts Immunization Information System

MIIS

Fact Sheet for Parents and Patients



The MIIS is a new statewide system to keep track of immunization records for you and your family. These records list the vaccinations (shots) you and your children get to protect against measles, chickenpox, tetanus, and other diseases. The goal is to make sure that everyone in Massachusetts is up-to-date with their shots and that your records are available when you need them – such as when your child enters school, when you need emergency medical help, or when you change healthcare providers.

What is the MIIS?

- A computerized system that collects and stores basic immunization information for people who live in Massachusetts.
- A secure and confidential system, as required by Massachusetts law.
- A system that is available for people of all ages, not just children.

How will it help me?

The MIIS:

- Helps you and your family get the best care wherever you go for your healthcare.
- Makes sure that you and your children don't miss any shots or get too many.
- Can print a record for you or your children when you need it – if you move, if your doctor retires, or when your child starts school or camp.

Why is this important?

As you know, the schedule of shots needed to keep healthy can be very complicated. The MIIS:

- Helps your healthcare provider keep track of which shots are due and when they should be given.
- Keeps all your immunization records together for you, your family, and your healthcare provider.
- Provides proof of vaccination for your children.
- Helps prevent outbreaks of disease like measles and the flu in your community.
- Keeps shot records safe during natural disasters such as flooding or hurricanes.



What information is kept in the MIIS?

- A list of shots that you or your children have received as well as any that you or your children get in the future.
- Information needed for safe and accurate immunization of each patient, such as:
 - » Full name and birth date.
 - » Gender (male or female).
 - » Mother's maiden name (for children).
 - » Address and phone number.
 - » Provider office where each shot is given.

How does this information get into the system?

- Information about children is added when a child is born or when a child gets his or her first shots.
- Your healthcare provider can add your records or your family's records if they are not already in the MIIS.

Who has access to my records?

- The Department of Public Health (DPH) uses modern technology to make sure that all information entered into the MIIS is kept secure and confidential.
- The information in the MIIS is only available to:
 - » Healthcare providers or others ensuring appropriate immunization, as authorized by DPH.
 - » Schools.
 - » Local boards of health.
 - » DPH, including the WIC program, and other state agencies or programs that provide education and outreach about vaccines to their clients.
 - » Studies specially approved by the Commissioner of Public Health which meet strict legal safeguards.

What if I don't want my information shared?

- You have the right to limit who can see your information.
- To limit who can see your information, you need to fill out the 'Objection or Withdrawal of Objection to Data Sharing' form which you can get from your healthcare provider.
- If you decide to limit who can see your information, your current healthcare provider will be able to see the shots they have given to you or your children, but may not be able to see your complete immunization history.
- If you decide to limit who can see your information, you will not have access to all of the benefits of the MIIS, like sharing your immunization records with schools and emergency rooms, and a complete record of shots in a single place.
- You can change your mind (decide to share or not share your information) at any time.

How can I get more information?

Please visit our website at www.mass.gov/dph/miis, contact the Massachusetts Immunization Program directly at 617-983-6800 or 888-658-2850, or ask your healthcare provider for more information.